

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	*	*
1	1		1					
2		1		1				
3		2		2				
4		①		2				
5		②		2				
6		③		2				
7		④		2				
8		⑤		2				
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10		⑦		2				
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14		⑪		2				
15		⑫		2				
16		⑬		2				
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TOTAL IND.	1	↓	1	↓	↓	↓	↓	↓
TOTAL DEP.	20	←	27	←	←	←	←	←
TOTAL CLAIMS	21	←	38	←	←	←	←	←
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TOTAL IND.	↓	↓	↓	↓	↓	↓	↓	↓
TOTAL DEP.	←	←	←	←	←	←	←	←
TOTAL CLAIMS	←	←	←	←	←	←	←	←

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS